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2001/003

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Docket No. Applicant(s): Eric Lais et al. 50588/361 (Digeo P075) Application No. Filing Date Examiner Group Art Unit 09/971,984 October 4, 2001 2131 APPARATUS AND METHOD FOR DECODE ARBITRATION IN A MULTI-STREAM **MULTIMEDIA SYSTEM** I hereby certify that this See below: (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (703) 872-9306 οл Jane 27, 2005 (Date) Kory D. Christensen (Typed or Printed Name of Person Signing Certificate) Note: Each paper must have its own certificate of mailing. Transmittal: Revocation of Power of Attorney and Appointment of New Power of Attorney (1 pg.) Statement Under 37 CFR 3.73(b) (1 pg.)

Digeo Ref. No. Po 75

PTO/SB/82 (09-03) Approved for use through 11/30/2005, OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

7 11 11 10 10 10 10 10 10 10 10 10 10 10		
Application Number	09/971,984	
Filing Date	October 4, 2001	•
First Named Inventor	Eric Lais	
Art Unit	2131	
Examiner Name		
Altorney Docket	50588/361	

I hereby revoke all previous powers of attorney given in the above-identified application: A Power of Attorney is submitted herewith. A Power of Attorney is submitted herewith. I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: I firm or Individual Name Address Address City Country State I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Thomas A. Grina Signature Date 5 - 2 - 5 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
OR I hereby appoint the practitioners associated with the Customer Number: Jack J	I hereby revoke all previous powers of attorney given in the above-identified application:				
I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 32641 32641 32641	A Power of Attorney is submitted herewith.				
Please change the correspondence address for the above-Identified application to: The address associated with Customer Number: 32641	OR .				
Please change the correspondence address for the above-Identified application to: The address associated with Customer Number: 32641	I hereby appoint the practitioners associated with the Customer Number:				
The address associated with Customer Number: Firm or Individual Name	32641				
The address associated with Customer Number: Firm or Individual Name	✓ Please change the correspondence address for the above-identified application to:				
Individual Name Address Address City Country Telephone I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Thomas A. Grina Signature Date 5 - 2 > S Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	The address associated with 32641				
City Country State ZIP Telephone Fax I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Thomas A. Grina Signature Date S-2S Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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Name Thomas A. Grina Signature Date 5-25 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)				
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Signature Date 5-2	SIGNATURE of Applicant or Assignee of Record				
Date 5-2> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name Thomas A. Grina				
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multiple torms if more than one signature is required, see below.	5 - 23 - 55 Telephone (423) 830-0230				
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Approved for use through 10/31/2002. OMB 0651-0031

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STATEMENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner:Eric I	Lais et al.		
Application No./Patent No.: <u>09/97</u>	71,984 Filed/Issue Date: October 4, 2001		
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Digos Ino			
Digeo, Inc. (Name of Assignee)	(Type of Assignee, e.g., corporation, partnership,		
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The undersigned (whose title is sup	plied below) is authorized to act on behalf of the assignee.		
5-20-05	Thomas A. Grina		
Date	Typed or printed name		
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	Signature		
	Chief Financial Officer		
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